



Fermilab

Fermi National Accelerator Laboratory  
P.O. Box • 500 • Batavia, Illinois • 60510

DIRECT DEPOSIT

PLEASE INDICATE:      CHANGE: \_\_\_\_\_      NEW ENROLLEE: \_\_\_\_\_

IMPORTANT: By providing the information below, all prior authorizations are voided.

Employee Pay Group	Department Name/Address (Optional)	Effective Date
WEEKLY      MONTHLY		
(Circle One)		

Employee ID	Employee Name

1) Financial Institution (Bank Routing No.)	Account Number	<input type="checkbox"/> Savings Account	ACCT AMT/PCT
		<input type="checkbox"/> Checking Account	
2) Financial Institution (Bank Routing No.)	Account Number	<input type="checkbox"/> Savings Account	ACCT AMT/PCT
		<input type="checkbox"/> Checking Account	
3) Financial Institution (Bank Routing No.)	Account Number	<input type="checkbox"/> Savings Account	ACCT AMT/PCT
		<input type="checkbox"/> Checking Account	
3) Argonne Credit Union (Bank Routing No.)	Account Number	<input type="checkbox"/> Savings Account	ACCT AMT/PCT *
		<input type="checkbox"/> Checking Account	

NOTE: If one financial institution/account is entered, your total net pay will be deposited there. If you want to split your net pay, enter each financial institution's ID's, account numbers, and the amount of percent of net pay to be deposited to each financial institution. The balance of net pay will be deposited to the first financial institution if not indicated.

\* For the convenience of Argonne Credit Union Members:  
Loan and Savings must be indicated in the Savings Box

ATTACH VOIDED BLANK CHECK(S) HERE

I HEREBY AUTHORIZE MY EMPLOYER TO INITIATE CREDIT ENTRIES AND TO INITIATE IF NECESSARY DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO MY (OUR) CHECKING AND/OR SAVINGS ACCOUNT INDICATED ABOVE AND THE DEPOSITORIES NAMED ABOVE, EACH HEREINAFTER CALLED DEPOSITORY, TO CREDIT AND/OR DEBIT THE SAME TO SUCH ACCOUNT(S).

Date: \_\_\_\_\_ Signed: \_\_\_\_\_